Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Part I		Identification Information	า								
For calend	ar plan year 2015 or fis	scal plan year beginning 01/01/ x a single-employer plan		-	2/31/2015						
A This	town form and in the		er) (Filers checking this box must attach a n accordance with the form instructions)								
A This ref	turn/report is for:	a one-participant plan	a foreign plan	e form instructions)							
			a foreign plan								
B This retu	urn/report is										
	·	an amended return/report	a short plan year retu	ırn/report (less than 12 m	months)						
C Check	box if filing under:	Π			Пъпи						
O CHECK	box ii iiiiiig under.	Form 5558	automatic extension		☐ DEAC	program					
D(II	Desir Blee less	special extension (enter desc									
Part II		rmation—enter all requested in	nformation		46 7	. 1					
1a Name	of plan OTORS, INC. 401(K) F	PI AN			1b Three-digi						
Dittiyati iii					(PN) •	002					
					1c Effective d	•					
0- 5						06/01/1979					
		yer, if for a single-employer plan) m, apt., suite no. and street, or P.	O. Box)		2b Employer (EIN)	dentification Number 91-0867441					
City or	town, state or province	e, country, and ZIP or foreign pos		tructions)	· ' '	telephone number					
BRYANT MC	OTORS INC					125-255-3478					
					2d Business	ode (see instructions)					
1300 BRONS RENTON, W					441110						
	7.0000.					441110					
3a Plan a	dministrator's name an	nd address XSame as Plan Spor	nsor.		3b Administra	tor's EIN					
					3c Administra	tor's telephone number					
4 16.0	1/ EIN (1)				41						
		e plan sponsor has changed since mber from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN						
	or's name				4c PN						
5a Total	number of participants	at the beginning of the plan year.			5a	7					
b Total i	number of participants	at the end of the plan year			5b	10					
C Numb	er of participants with a	account balances as of the end of	f the plan year (defined be	nefit plans do not	5c	0					
	lete this item)					9					
		ticipants at the beginning of the p			5d(1)	7					
		rticipants at the end of the plan ye			5d(2)	6					
		terminated employment during th		enefits that were less	5e	0					
Caution: A	A penalty for the late of	or incomplete filing of this retur	rn/report will be assesse								
		ner penalties set forth in the instrund signed by an enrolled actuary,									
	true, correct, and comp		as well as the electronic w	croion or this return/repor	t, and to the best	or my knowledge and					
SIGN	Filed with authorized/	valid electronic signature.	05/12/2016	KATIE OBREMSKI							
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual signing as pla	n administrator					
SIGN											
HERE	Signature of emplo	ver/plan sponsor	Date	Enter name of individ	ual signing as em	ployer or plan sponsor					
Preparer's		ame, if applicable) and address (i			Preparer's telep						

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 Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a second	an independand condition	dent qualified public a	ccount	ant (IQ	PA)			X Yes X Yes	No No
c If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not determ	nined
Part III Financial Information	1				-				
7 Plan Assets and Liabilities		(a) Beginning					(b) End		
a Total plan assets	7a		1606					157951	
b Total plan liabilities	7b		4000	0				4.570.54	0
C Net plan assets (subtract line 7b from line 7a)	7c		1606	841	-			157951	8
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	unt				(b) T	otal	
(1) Employers	8a(1)		7	'350					
(2) Participants	8a(2)		9	037					
(3) Others (including rollovers)	8a(3)			0					
b Other income (loss)	8b		2	288					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							1867	<u>′5</u>
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		44	657					
Certain deemed and/or corrective distributions (see instructions)	8e			0					
f Administrative service providers (salaries, fees, commissions)	8f		1	341					
g Other expenses	8g			0					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							4599	98
i Net income (loss) (subtract line 8h from line 8c)	8i							-2732	23
j Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature cod	des from the List of PI	an Cha	racteris	stic Co	des in t	he instruc	ctions:	
B If the plan provides welfare benefits, enter the applicable welfare fe	eature code	e from the List of Pla	n Char	actoriet	ic Coc	les in the	a inetruct	ione:	
If the plan provides welfare benefits, effer the applicable welfare to	cature couc	23 HOITH THE LIST OF FIRE	ii Onait	actorist	.10 000	103 111 111	o mondo	10113.	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amount	
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary Fi	duciary Correction	10a		X				
b Were there any nonexempt transactions with any party-in-interest					V				
reported on line 10a.)			10b		X				
C Was the plan covered by a fidelity bond?			10c	X				2	250000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of t	he benefits under	10e	X					3000
f Has the plan failed to provide any benefit when due under the plan			10f		X				
g Did the plan have any participant loans? (If "Yes," enter amount a	s of vear er	nd.)	10g		Χ				
h If this is an individual account plan, was there a blackout period?	(See instru	ctions and 29 CFR		X					
i If 10h was answered "Yes," check the box if you either provided the	he required	notice or one of the	10h	X					
exceptions to providing the notice applied under 29 CFR 2520.10 j Did the plan trust incur unrelated business taxable income?			10i						
			10j						
Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem								П	
5500) and line 11a below)								Yes	X No
11a Enter the unpaid minimum required contribution for all years from						11a	DICAC	Yes	X No
12 Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of t	ne Cod	e or se	ection (3UZ Of E	KISA?	res	^ 1NO

	F	orm 5500-SF 2015 Page 3 - 1					
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui	
b	Enter t	ne minimum required contribution for this plan year		12b			
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c			
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d			
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A
Part		Plan Terminations and Transfers of Assets			100	110	1471
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No	
		s," enter the amount of any plan assets that reverted to the employer this year		13a			
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough	ght under the co	ontrol		Yes X	No
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)					
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
Part	: VIII	Trust Information					
14a	Name o	f trust		14b 1	Γrust's EIN	١	
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's
	rianio	of tubics of suctorial			telephone		a 11 0
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		Ye	S	No	
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- ased safe arbor ethod	ADF test	P/ACP
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No	
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No	
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable	
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No	
19	Were in	n-service distributions made during the plan year?		Ye	s	No	
	If "Yes	" enter amount		19			
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A

Form 5500-SF

Department of the Treasury Internal Rovenue Service

Department of Labor Employee Benefits Security Administration

Short Form Annual Return/Report of Small Employee Benefit Plan

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2015

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Pension	Benefit Guaranty Corporation	Complete all ontries in	accordance with the inst	"/" "!******		Public Inspection
Part I	Annual Report	Identification Information	J	uctions to the Form 8800	-8F	
For calen	ıdar plan year 2015 or fi	scal plan year beginning	01/01/2015	and ending	12/31/	2015
A This r	eturn/report is for:	a single-employer plan a one-participant plan	a multiple-employer p list of participating en a foreign plan	lan (not multiemployer) (Fil aployer Information in accor	ers checking t	his box must attach a
B This re	eturn/report is	the first return/report	the final return/report a short plan year return	n/report (less than 12 montr	15)	
	box if filling under:	Form 5558 special extension (enter desc	automatic extension		· _	program
Part II		rmation—enter all requested in	formation			
1a Name Bryant	Motors, Inc.	401(k) Plan			Three-digit plan number (PN) ► Effective data	00/2
Mailir City o	ig address (include roor	yer, If for a single-employer plan) n, apt., suite no. and street, or P.C a, country, and ZIP or foreign post	D. Box) al code (if foreign, see instri	uctions) 20	(EIN) 91- Sponsor's (425) 2	entification Number 0867441 elephone number 55–3478 de (see instructions)
1300 B: Renton	ronson Way N				441110	
	administrator's name an	d address XSame as Plan Spons	WA		Administrate	
4 If the	name and/or EIN of the	plan sponsor has changed since	the last return/report filed for		EIN	or's telephone number
Hame	or's name	ber from the last return/report.			PN	
5a Total.	number of participants a	at the beginning of the plan year			ia	7
b Total	number of participants a	it the end of the plan year	***************************************		ь	10
compl	er of participants with a lete this item)	ccount balances as of the end of t	he plan year (defined benefi	t plans do not	ic	9
d(1) Tota	al number of active part	icipants at the beginning of the pla	an year	5d	(1)	7
d(2) Tot	al number of active part	icipants at the end of the plan yea	Г	5d	(2)	6
(Class)	LUUVA VASTAA	erminated employment during the			e	0
\$B or Sche		i signed by an enrolled actuary as				
SIGN HERE	Signature of plan ad	They	_			
SIGN HERE	Signature of employe	Sunt	5-11-2016	Enter name of Individual sig		
Preparer's r	name (including firm name	erplan sponsor ne, if applicable) and address (inc	Date lude room or suite number)	Enter name of Individual sign	ining as emplo arer's telepho	oyer or plan sponsor ne number
or Paperwo	rk Reduction Act Notice	and OMB Control Numbers, see the	instructions for Form 5500-SF			Form 5800-SF (2015)

	Form 5500-SF 2015		Page 2							
6a b	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on walver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	ntant (l	QPA)			X Yes	_			
¢	If the plan is a defined benefit plan, is it covered under the PBGC $\boldsymbol{\mu}$								☐ Not deten	mined
Pa	rt III Financial Information									
7_	Plan Assets and Liabilities		(a) Beginnin	g of Ye	j ar			(b) E	nd of Year	
a	Total plan assets	7a		1,60	6,84	1			1,5	79,51
<u> </u>	Total plan liabilities	7b				Ó				
	Net plan assets (subtract line 7b from line 7a)	7c		1,60	6,84	1			1,5	79,51
8	Income, Expenses, and Transfers for this Plan Year		(a) Amo	unt				(b) Total	
a	Contributions received or receivable from: (1) Employers	8a(1)			7,35	ام				
	(2) Participants	8a(2)	"		9,03					71.
	(3) Others (including rollovers)	8a(3)	11 01 11 10 2 2 1			0				
b	Other income (loss)	8b			2,28	8		· · · · · · · · · · · · · · · · · · ·		···········
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			,	Ť		 		8,67
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		4	4,65	7		· ·		,
е	Certain deemed and/or corrective distributions (see instructions)	8e				0				
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f			1,34	1			· · · · · · · · · · · · · · · · · · ·	
9	Other expenses	8g		_		Ö			. yu.	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							4	5,99
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	81							··2	7,32
J	Transfers to (from) the plan (see instructions)	8j	-					*******		
Pa	t IV Plan Characteristics									
				-						
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	leature code	s from the List of Pl	an Cha	racteri	stic C	odes in	the inst	ructions	·
9a B	If the plan provides pension benefits, enter the applicable pension									
В	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare fe									
В	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare fe								uctions:	
9a B Pan 10 a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Vicinity a	eature codes	from the List of Plan	n Char	acteris	No	des in ti			
В Рап 10 а	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan and participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vingram) Were there any nonexempt transactions with any party-in-interest?	ions within the	from the List of Plan the time period clary Correction		acteris	tic Cod	des in ti		uctions:	
В Рап 10 а	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare fellowing the plan pear: Was there a fallure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Venogram) Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	ions within the	from the List of Plan the time period clary Correction	n Char	Yes	No X	des in ti		Amount	2.000
Pan 10 a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare fellows. V Compliance Questions During the plan year: Was there a fallure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Venogram)	ions within the	from the List of Plan te time period clary Correction ude transactions	10a 10b	acteris	No X	des in ti		Amount	0,000
Pan 10 a b	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare fellows plan provides welfare benefits, enter the applicable welfare fellows. V Compliance Questions During the plan year: Was there a fallure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Venogram)	ions within the	from the List of Plan the time period clary Correction ude transactions that was caused	10a 10b 10c	Yes	No X	des in ti		Amount 25	
B Pan 10 a b	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare fellows plan provides welfare benefits, enter the applicable welfare fellows. V Compliance Questions During the plan year: Was there a fallure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Venogram). Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not relmbursed by the plan's the plan or dishonesty?. Were any fees or commissions paid to any brokers, agents, or other	ions within the cluntary Fidurian P (Do not included ity bond, er persons by e or all of the	from the List of Plan the time period clary Correction ude transactions that was caused y an Insurance benefits under	10a 10b 10c 10d	Yes	No X X	des in ti		Amount 25	
Pan 10 a b	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare fellowing the plan provides welfare benefits, enter the applicable welfare fellowing the plan year: Was there a fallure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Venogram) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.)	ions within the country Fidure (Do not include ity bond, er persons by or all of the	from the List of Plan the time period clary Correction ude transactions that was caused that was caused the an Insurance benefits under	10a 10b 10c 10d 10e 10f	Yes	No X X X	des in ti		Amount 25	
B Pan 10 a b c d f	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare fellows by the plan provides welfare benefits, enter the applicable welfare fellows. V Compliance Questions During the plan year: Was there a fallure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Venogram) Were there any nonexempt transactions with any party-in-interest reported on line 10a.). Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?. Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as if this is an individual account plan, was there a blackout period? (\$250.101-3.)	ions within the country Fiduriary Fi	from the List of Plan the time period clary Correction ude transactions that was caused y an Insurance benefits under	10a 10b 10c 10d	Yes	No X X	des in ti		Amount 25	
B Pan 10 a b c d f	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare fellows by the plan provides welfare benefits, enter the applicable welfare fellows. V Compliance Questions During the plan year: Was there a fallure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Venogram) Were there any nonexempt transactions with any party-in-interest reported on line 10a.). Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's they fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as if this is an individual account plan, was there a blackout period? (\$2520.101-3.)	ions within the cluntary Fidure? (Do not included ity bond, or all of the continued of year end.)	re time period clary Correction ude transactions that was caused an Insurance benefits under	10a 10b 10c 10d 10e 10f 10g	Yes	No X X X	des in ti		Amount 25	
B Pan 10 a b c d f g h	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare fellows by the plan provides welfare benefits, enter the applicable welfare fellows. V Compliance Questions During the plan year: Was there a fallure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Venogram) Were there any nonexempt transactions with any party-in-interest reported on line 10a.). Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?. Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as if this is an individual account plan, was there a blackout period? (\$250.101-3.)	ions within the cluntary Fidurial P (Do not included ity bond, or all of the of year end.) See instruction required no 3	from the List of Plan the time period clary Correction ude transactions that was caused an Insurance benefits under	10a 10b 10c 10d 10e 10f 10g	Yes X	No X X X	des in ti		Amount 25	0,000

02/11/2016 10:42 4252264192 BRYANT MOTORS PAGE 08/09

Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?..

11a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40

12

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(If "Yes." complete line 12a or lines 12b, 12c, 12d, and 12e bel	ow as applicable)						
a If a waiver of the minimum funding standard for a prior year is I granting the waiver.	being amortized in this plan year, see instruction	ıs, and		L e date of		ruling	
If you completed line 12a, complete lines 3, 9, and 10 of Sched	dulo MB (Form 5500), and skip to line 13.		<u>Day</u>		Year		
b Enter the minimum required contribution for this plan year			12b	Γ			
C Enter the amount contributed by the employer to the plan for this			12c				
d Subtract the amount in line 12c from the amount in line 12b. En negative amount)	iter the regult (enter a minus sign to the 1-4 -4 -		12d	ļ			
Will the minimum funding amount reported on line 12d be met be	by the funding deadline?		' '	Yes [No	□ N/A	
Part VII Plan Terminations and Transfers of Assets		<u> </u>	<u> </u>	103	140	IVA	
13a Has a resolution to terminate the plan been adopted in any plan year	r?		T	Пуе	s X No		
If "Yes," enter the amount of any plan assets that reverted to the	e employer this year		138		· <u>FX</u>] 140		
b Were all the plan assets distributed to participants or beneficiari of the PBGC?	ies, transferred to another plan, or brought unde	r the c	ontrol		Yes X	No	
C If during this plan year, any assets or liabilities were transferred which assets or liabilities were transferred. (See instructions.)	from this plan to another plan(s), identify the plan	an(s) to)			<u> </u>	
13c(1) Name of plan(s):		13c(2)	EIN(s)	—-T	13c(3)	PN(s)	
-					130(0)	11(0)	
Part VIII Trust Information							
14a Name of trust			las as III				
.			146 Tr	rust's EIN			
14c Name of trustee or custodian			14d Trustee's or custocian's				
			t€	elephone	number		
Part IX IRS Compliance Questions							
15a is the plan a 401(k) plan?		Ţ	Yes		No		
		***********	Des	ilgn-			
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination rematching contributions (as applicable) under sections 401(k)(3) are	nd 401(m)(2)?	,,		ed safe oor	∏ AD∂ tes	P/ACP t	
15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACI testing method" for peoplethy compensated and perform ADP/ACI	P testing for the plan year using the "current yea	эг	∏ Yes	1100			
testing method" for nonhighly compensated employees (Treas. Re 2(a)(2)(ii))?	80 806bane 1 401/b) 9/5\/9\/ii\ 5.53 4 4.64/\	- 1			∏No		
16a Check the box to indicate the method used by the plan to satisfy the	he coverage requirements under section 410(b)		Rati	o :entage		erage Jefit test	
16b Does the plan satisfy the coverage and nondiscrimination tests of this plan with any other plans under the permissive aggregation ru	sections 410(b) and 401(a)(4) by combining lles?		Yes		No		
17a Has the plan been timely amended for all required tax law change	s?		☐ Yes		No.	∏ N/A	
17b Date the last plan amendment/restatement for the required tax later for tax law changes and codes).	w changes was adopted Enter t	he app	licable co		(See Inse	ructions	
17c If the plan sponsor is an adopter of a pre-approved master and pre-advisory letter, enter the date of that favorable letter						or	
17d If the plan is an individually-designed plan and received a favorable determination letter	e determination letter from the IRS, enter the da		he plan's	last favor	rable	II.	
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no elemade), American Samoa, Guam, the Commonwealth of the Northe	ection under ERISA section 1022(i)(2) has been ern Mariana Islands or the U.S. Virgin Islands)?		Yes		No	 .	
Were in-service distributions made during the plan year?			Yes	" -	No		
If "Yes," enter amount		<u> </u>	19				
Were required minimum distributions made to 5% owners who have retired), as required under section 401(a)(9)?	e attained age 70 ½ (regardless of whether or п	ot [Yes				